

**FILED**

12/27/2017

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

**RECEIVED**

NOV 13 2017 BW

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Louis E. Gullett #B18477

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

1:17-cv-08209  
Judge Edmond E. Chang  
Magistrate Judge Daniel G. Martin  
PC11

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Wexford Health Sources, Inc.,  
J. Kelly, Minsky, Williams,  
WCC, John R. Baldwin, Sarah Johnson,  
Stateville CC, Randy Pfister, David  
Mansfield,

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

☒

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)

☐

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

☐

**OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**I. Plaintiff(s):**

- A. Name: LOUIS E. GULLEY
- B. List all aliases: OIA
- C. Prisoner identification number: B18477
- D. Place of present confinement: Stateville Correctional Center
- E. Address: P.O. Box 112, Joliet, Illinois 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Wexford Health Sources Inc.  
 Title: Medical and Mental Health Care Provider  
 Place of Employment: Stateville Correctional Center
- B. Defendant: Jonathan Kelly  
 Title: Psychiatrist  
 Place of Employment: Stateville Correctional Center
- C. Defendant: Minsky  
 Title: Psychiatric Administrator  
 Place of Employment: Stateville Correctional Center

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

11. Defendant(s):

D. Defendant: L. Williams

Title: Physician's Assistant

Place Of Employment: Stateville Correctional Center

E. Defendant: John R. Baldwin

Title: Acting Director Of IDOC

Place Of Employment: IDOC-Springfield

F. Defendant: Sarah Johnson

Title: Administrative Review Board Member

Place Of Employment: IDOC - Springfield

G. Defendant: Randy Pfister

Title: Chief Administrative Officer - Warden

Place Of Employment: Stateville Correctional Center

H. David Mansfield

Title: Grievance Officer

Place Of Employment: Stateville Correctional Center

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: LOUIS E. GULLEY - v -  
# 1:17-cv-07656 STATEVILLE CC, et al
- B. Approximate date of filing lawsuit: OCTOBER 23, 2017
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: LOUIS E. GULLEY # B18477
- D. List all defendants: \_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): US Dist. Court northern Dist. Eastern Div.
- F. Name of judge to whom case was assigned: Edmond E. Chang  
MAGISTRATE DANIEL G. MARTIN
- G. Basic claim made: Eighth Amendment - Cruel And Unusual  
Punishment & Deliberate Indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): STILL PENDING
- I. Approximate date of disposition: Still Pending

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**



[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

On 4-28-17 I filed a Grievance once I found out about all of the side effects to the medications Defendant Kelly put me on. Additionally I filed the grievance as an emergency and when that denied I went through the normal procedure (see Grievance/ Grievance Officer Response / ARB Director Response Ex. A). On 4-22-15 Defendant Kelly put me on Risperdal, Remeron and Depakote without informing me of their side effects (see Treatment Plan & Progress Note Ex. B). Side effects are: Risperdal - Gynecomastia, sedation, restlessness, dry mouth, muscle stiffness, tremor, abdominal muscular movements, sexual dysfunction, elevated lipids, elevated blood sugar & heart irregularities; Remeron - sedation, weight gain, increased appetite; and Depakote - tremor, stomach upset, easy bruising, hair loss, weight gain & sedation. On 6-17-15 I saw Defendant Kelly with two side effects listed weight gain & restlessness (see Progress Note Ex. C). On 9-23-15 I saw Defendant Kelly with three side effects listed weight gain, restlessness & tremors (see Progress Note Ex. D). On 1-12-16 I saw Defendant Kelly with a side effect of restlessness (see Progress Note Ex. E). On 4-27-16 I saw Defendant Kelly with three side effects tremor, dry mouth & muscle stiffness (see Progress Note Ex. F). On 4-27-16 Defendant Kelly gave me an IDOC Memorandum that listed medications and side effects, however gynecomastia was not listed (see

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Psychotropic Medication Information Sheet Ex. G). On 3-8-17 I saw Nurse Practitioner L. Nathan who ~~II~~ informed I had stiff muscles<sup>1</sup> asked about other side effects, upon giving me another form identical to Ex. G she noticed these side effects missing: Gynecomastia, Galactorrhea, Pituitary tumors, breast cancer, osteoporosis, metabolic syndrome, hypertension, diabetes mellitus, diabetic ketoacidosis, hyperglycemia<sup>2</sup> insulin insufficiency. This prompted not only me but also N.P. Nathan to discontinue Risperdal and Depakote (see Progress Note Ex. H). Between 4-22-15 and 3-8-17 I had experienced and/or complained of weight gain, increased appetite, sleep deprivation, sore breast tissue, larger breast tissue, tumors and muscle stiffness as is documented in the exhibits appended hereto. Defendant Kelly did not inform me of the side effects of Risperdal<sup>3</sup> Depakote; Defendant Wexford failed to adopt a policy or practice fully advising and informing me of the side effects of anti-psychotic drugs like Risperdal and Depakote over the course of twenty-three months; Defendant Wexford knew that its custom, practice, and policy of informing me only of some of the side effects of Risperdal and Depakote could result in me suffering from a serious medical condition; Defendants Kelly, Wexford, Mirsky,



[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

and Williams knew of the substantial risk that Risperdal could cause gynecomastia and rapid, long-term weight gain that could make it difficult to detect gynecomastia; Defendants Baldwin, Johnson, Pfister & Mansfield were in direct knowledge of the Risperdal side effects pursuant to Ex.G and were still deliberately indifferent in failing to rectify the situation. Per my grievance and this complaint I am suffering significant bodily and mental injuries, mental anguish, disfigurement, disfigurement, embarrassment, and inconvenience. Consolidate the above with the new "Subjective Symptoms" and Physical symptoms I don't know what's wrong with me and I'm afraid.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

1-That I be awarded compensatory & punitive damages against each defendant; 2-That I undergo a fully battery of medical testing to ascertain whether or not I need surgery or other treatment as an injunction against the Defendants; 3-That I be awarded costs, attorney's fees etc... Pursuant to 42 USC § 1988; 4-Any other relief deemed just by this Court.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 02 day of Nov, 20 17

Louis E. Golley

(Signature of plaintiff or plaintiffs)

Louis E. Golley

(Print name)

B18477

(I.D. Number)

Stateville CC

P.O. Box 112

Joliet, Illinois 60434

(Address)



**ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE**

**Date:** 4-28-2017 **Offender:** Louis Guley **ID#:** B-18477

**Present Facility:** Stateville C.C. **Facility where grievance issue occurred:** Stateville C.C.

**NATURE OF GRIEVANCE:**

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation

☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify)

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to:

**Counselor**, unless the issue involves discipline, is deemed an emergency or is subject to direct review by the Administrative Review Board.

**Grievance Officer**, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

**Chief Administrative Officer**, only if **EMERGENCY** grievance.

**Administrative Review Board**, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):** I'm filing this grievance against Mental Health Doctor's. I'm not sure of the exact dates, but I believe it was around (4-22-15). I was prescribed psychiatric medication from around (4-22-15) until April-2017. I have been refusing the (Risperdal) every since, I became knowledgeable about (Gynecomastial). I been having serious chest pain, but I didn't know where the source of the problem was coming from and my chest became lopsided on the right chest. I discovery this is

**Relief Requested:** I'll wants people be inform of this (Gynecomastial) side effect of Risperdal any Doctor or legal fee and what-ever do to me for my pain? suffering. Immediately treatment

☒ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

**Offender's Signature:** Louis Guley **ID#:** B-18477 **Date:** 04/28/2017

(Continue on reverse side if necessary)

**Date Received:** \_\_\_\_\_

**Counselor's Response (If applicable)**

☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

**Response:** \_\_\_\_\_

**RECEIVED**  
MAY 10 2017  
ADMINISTRATIVE REVIEW BOARD

**Print Counselor's Name:** \_\_\_\_\_ **Counselor's Signature:** \_\_\_\_\_ **Date of Response:** \_\_\_\_\_

**EMERGENCY REVIEW**

**Date Received:** 5/1/17

**Is this determined to be of an emergency nature?** ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

**Chief Administrative Officer's Signature:** [Signature] **Date:** 5/1/17

a side effect to this (Risperdal) psychiatric medication (Gynecomastia) or swelling of breast tissue in men that cause chest pain. Dr. Kelly or any other Doctor didn't warn me of the side-effect before prescribing this medication (Risperdal) to me. If I would have known that (Risperdal) cause (Gynecomastia) that would increase the ~~size~~ size of my breast (chest) tissue I wouldn't have agree to take the medication, if I was (warn) a head of time of the side of effect. It's embarrassing to take a shower and mens looking at your chest like you'er deform or disfigured. Whatever the treatment is to correct what the (Risperdal) medication did. And be seen by the nurse or doctor for this pain and tissue growth in my chest with-out the co-pay because this pain have been on-going.



ILLINOIS DEPARTMENT OF CORRECTIONS  
**RESPONSE TO COMMITTED PERSON'S GRIEVANCE**

**Grievance Officer's Report**

Date Received: 7/26/17

Date of Review: 8/07/17

Grievance # H431, 1225

Committed Person: Louis Gulley

ID #: B18477

Nature of Grievance: Medical Treatment

**Facts Reviewed:** Grievant claims on a grievance dated 4/28/17 that around 4/22/15 he was prescribed psychiatric medication until April 2017. Offender claims that he was been refusing Risperdal since he became aware of gynecomastia. Offender claims that he had been experiencing chest pain. Offender claims that a side effect of Risperdal is gynecomastia or swelling of breast tissue in men which causes chest pain. Offender claims that he was not warned about this side effect of Risperdal and had he known about it he would not have agreed to take it. Offender claims that he is embarrassed to take a shower due to his chest condition and requests to be seen by medical staff."

Grievance Officer finds that according to Psych Administrator Dr. Mirsky "Offender was seen by psychiatry on 7/15/17."

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

**Recommendation:** Denied as grievant appears to be receiving medical care at this time. Offender is advised to sign up for sick call in order to address any medical issues or concerns.

David Mansfield, CCII

Print Grievance Officer's Name

David Mansfield, CCII

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

**Chief Administrative Officer's Response**

Date Received: 8-9-17

☒ I concur☐ I do not concur☐ Remand

Comments:

  
Chief Administrative Officer's Signature
8-9-17  
Date

**Committed Person's Appeal To The Director**

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name:

Gulley, Louis

Date:

10/5/17

Register #

B18477

Facility:

Stateville

This is in response to your grievance received on 8/21/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 4/28/17

Grievance Number: H431, 1205

Griev Loc: Stateville

- ☐ Transfer denied by the Facility or Transfer Coordinator
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job, cell) \_\_\_\_\_

- ☐ Commissary \_\_\_\_\_
- ☐ Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies)
- ☐ Disciplinary Report dated \_\_\_\_\_  
Incident # \_\_\_\_\_

☒ Other Medical - side effects of

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- ☐ Denied, as the transfer denial by the facility/TCO on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.

- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other:

Most, as the medication has been discontinued offender is being seen for his medical concerns

FOR THE BOARD:

Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED:

John R. Baldwin  
John R. Baldwin  
Acting Director

CC:

Warden,

Stateville  
L. Gulley

Correctional Center

, Register No.

B18477

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.



Consent: 2-24-15

Arms: 2-24-15

B410

ILLINOIS DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH PROGRESS NOTEOffender Name: GULLEY, LOUIS  
Last, First, MIID#: B18477DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 4-22-15 / 11-21-15Session Duration: 1 1/2 hr

Appearance: ☒ Appropriate ☐ Inappropriate  
 Behavior: ☐ Appropriate ☒ Inappropriate  
 Mood: ☒ Appropriate ☐ Inappropriate  
 Affect: ☐ Appropriate ☒ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate  
 Memory: ☒ Appropriate ☐ Inappropriate  
 Speech: ☒ Appropriate ☐ Inappropriate  
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

SUBJECTIVE SYMPTOMS-

WGT 248 lbs.

Now no SI, HI, PAR ID

⊕ AH - "laugh at me" ⊕ VH ⊕ SCARED OF HEIGHTS

⊕ ANX, angry mood, swings

racing thoughts, distracted, sleep - "d"

PSYCH MEDS- Depakote 500mg bid

Risperdal 15mg QHS

COMPLIANCE- miss dose 2-3x/wk-

"d be sleeping"

SIDE EFFECTS- none

MEDICATION ALLERGIES- NKLA

MEDICAL PROBLEMS- none now.

BLOOD TEST RESULTS-

3-31-15 VIA LFT'S PRICE T.BILI HIV

MENTAL STATUS EXAM (OBJECTIVE)-

Objec no manic depression psychosis

No SI, HI. I/S fair. I/entst now.

AXIS I Bipolar dis, unsp

II depressed psychotic dis, unsp.

III none now

IV incarceration

V 68

Plan

Told I/r he needs to lose wgt  
 got belt size 40 in -  
 He said belt size now 46-48 in

⊕ Depress 7 one-10

meds "do help" - wants to Depakote,  
 all at night, cont Risperdal;  
 take Risperdal for AH.

P  
Mod Risperdal 15mg QHS

↑ Depakote 1500mg QHS

Risperdal 15mg QHS

Blood tests ordered:

VPA, CBC, plat ct, LFTS.

Told I/r results.

F/U 4 wks.

Clinician Name (Print): DR. KELLYFacility: STATEVILLESignature: J. Kelly, MDTitle: MD. PSYCHIATRIST

ILLINOIS DEPARTMENT OF CORRECTIONS

## Mental Health Treatment Plan

Offender Name: GULLEY, LOUIS

Facility

ID#:

B18427

D.O.B.:

7-30-68

Axis I	Axis II	Axis III	Axis IV	Axis V

## Initial Treatment Plan

Problem #	Description	Treatment Goal	Intervention/Treatment Activities (Include frequency, duration, staff, and location)	Staff Responsible
	(See 2-24-15 M.H. Re-plan)	Target Date:		
		Target Date:		
		Target Date:		
		Target Date:		
		Target Date:		

Notes/Additional Information:



## ILLINOIS DEPARTMENT OF CORRECTIONS

## Mental Health Treatment Plan

Offender Name: GULLEY, LOUISID#: B18477D.O.B.: 7-30-68

## Treatment Plan Review

(If new problems are established a new DOC 0284 should be completed)

Problem # (From Initial Treatment Plan)	Was the treatment goal met?	If yes, provide date goal was met.	If treatment goal was not met, will it continue as a focus of treatment? (If no, an explanation should be provided in the comments.)	Comments
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information: RITPERILL 2mg QHSREMEROX 15mg QHS7 DepoAct 150mg QHS

## Confidentiality Disclosure Statement

I understand there are limits to confidentiality within a correctional setting. I understand that the treating Mental Health Professional is required to disclose any information regarding: Suicidal, Homicidal, and Self Injurious Ideation; Unreported Child or Elder Abuse/Neglect; Safety and Security Issues; and may disclose information for the purposes of Multidisciplinary Team Consultation or Placement Issues.

I have been informed of how to access available emergency mental health staff if I have a crisis, including an urge to hurt myself or others.

I understand my treatment responsibilities include participating in the treatment program and alerting correctional staff to any problems or issues that may arise as the result of treatment. Treatment may include psychiatric evaluation and treatment, individual or group psychotherapy sessions, and sex offender and/or substance abuse evaluation and treatment. I agree to honor the confidentiality of other group members, if applicable.

## Consent to Treatment

I voluntarily consent/accept that I receive treatment provided by the below listed professional and their designated assistants. My signature below constitutes formal acceptance of therapeutic services. I understand that this consent is voluntary and I may revoke my consent at any time. I also understand my right to grieve this plan at any time.

The nature and extent of the intended and probable consequences of refusal have been explained to me.

- ☒ I agree with this treatment plan  
☐ I do not agree with this treatment plan

Offender Signature [Signature]Date 11/27/2018

- ☐ Check if offender refuses to sign. Provide reason: \_\_\_\_\_

Clinician Name (Print) J. Kelly, MDTitle PSYCHIATRISTClinician Signature [Signature]Date 4-22-15



Consent: 4-22-15

B415

ILLINOIS DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH PROGRESS NOTE

A1128 - no T.P.

Offender Name: GULLEY LOUIS  
Last, First, MIID#: B18477DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 6-17-15 245 - 255Session Duration: 45

Appearance: ☒ Appropriate ☐ Inappropriate  
 Behavior: ☒ Appropriate ☐ Inappropriate  
 Mood: ☒ Appropriate ☐ Inappropriate  
 Affect: ☐ Appropriate ☒ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate  
 Memory: ☒ Appropriate ☐ Inappropriate  
 Speech: ☒ Appropriate ☐ Inappropriate  
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

## SUBJECTIVE SYMPTOMS-

WGT: 250 lbs.  
HGT: 5'9"

Now, most, Hi, racing thoughts  
 + AN, + VHA of the brain + P in  
 + racing mind, racing, distracted, sleep 4-5  
 + depression 8 on a 10

PSYCH MEDS- Dopamine 150mg QHSRisperdal 2mg QHSRameron 15mg QHSCOMPLIANCE- Completely DailySIDE EFFECTS- "dry mouth," dizzinessMEDICATION ALLERGIES- AKD4MEDICAL PROBLEMS- none now

## BLOOD TEST RESULTS-

5-15-15 VHA AST, ALT platelet all I/m results.  
63.3

## MENTAL STATUS EXAM (OBJECTIVE)-

contact, flat affect. No angry mood, depression,  
 mania, psychosis. I/5 limited. no contact man

AXIS I BIPOLAR DISORDERII PSYCHOTIC DISORDER deformedIII none nowIV incarcerationV 78

## Plan

"do help, sometimes" - I/5 wanted to  
 stay on same dose of med.

Med - Dopamine 1500 mg QHS  
Risperdal 2mg QHS  
Rameron 15mg QHS

Blood tests due in 3 mos.F/U 3 mosClinician Name (Print): DR. KELLYFacility: STATEVILLESignature: J. Kelly, MDTitle: MD. PSYCHIATRIST



Consent: 4-22-15

AKS: 6-17-15

B415

ILLINOIS DEPARTMENT OF CORRECTIONS

## MENTAL HEALTH PROGRESS NOTE

AKS - no T-L

Offender Name: GULLEY, Louis  
Last, First, MIID#: B18477DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 9-23-15 11:00-11:25Session Duration: 4hr

Appearance: ☒ Appropriate ☐ Inappropriate  
 Behavior: ☒ Appropriate ☐ Inappropriate  
 Mood: ☒ Appropriate ☐ Inappropriate  
 Affect: ☐ Appropriate ☒ Inappropriate

Concentration: ☐ Appropriate ☒ Inappropriate  
 Memory: ☒ Appropriate ☐ Inappropriate  
 Speech: ☒ Appropriate ☐ Inappropriate  
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment

## SUBJECTIVE SYMPTOMS-

WOT: 295 lbs

flat

Now, no SI, Hi

④ AH of the "devil" - "says God won't help me"

④ V/H of "the devil watching me" ④ PAR-10

④ Periodic swings, racing thoughts, distracted, sleep

PSYCH MEDS- Depakote 1500 mg QHSRisperdal 2mg QHSRameron 15mg QHSCOMPLIANCE- ④ comply dailySIDE EFFECTS- "DK" - No gynecological, etc.MEDICATION ALLERGIES- AKRAMEDICAL PROBLEMS- "DK" - "buccal, swollen" -"Have put in" to see 1 doctorBLOOD TEST RESULTS- NoneMENTAL STATUS EXAM (OBJECTIVE)- distractedObjc not angry, depressed, AH V/H (buccal, swollen)No SI, Hi.1/5 limited - 1/6 paranoidAXIS I BIPOLAR DIS. unsp.II Psychotic Dis. unsp.III NoneIV incarcerationV 68

## Plan

4<sup>th</sup> depression 7 on 0-10

"dohely" - I'm want to cont. work, at same doctor

P  
 Meds - Depakote 1500mg QHS  
Risperdal 2mg QHS  
Rameron 15mg QHS

Blood tests ordered: VHA, CBC, platelets, LFT's, lipid profile

F/U 3mos

Clinician Name (Print): DR. KELLYFacility: STATEVILLESignature: J. Kelly, MDTitle: MD, PSYCHIATRIST



Consent: 9-23-15

Ahrs: 9-23-15

ILLINOIS DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH PROGRESS NOTE

Ahrs - no T.O.

B415

Offender Name: GULLEY LEWIS  
Last, First, MIID#: B18477DOB: 7-30-68

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem; A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Session Date/Time: 1-12-16 2:30-2:35Session Duration: 45

Appearance: ☒ Appropriate ☐ Inappropriate  
 Behavior: ☒ Appropriate ☐ Inappropriate  
 Mood: ☒ Appropriate ☐ Inappropriate  
 Affect: ☒ Appropriate ☐ Inappropriate

Concentration: ☒ Appropriate ☐ Inappropriate  
 Memory: ☒ Appropriate ☐ Inappropriate  
 Speech: ☒ Appropriate ☐ Inappropriate  
 Thoughts: ☒ Appropriate ☐ Inappropriate

Subjective, Objective, Assessment  
SUBJECTIVE SYMPTOMS-

Plan

NOW, NO SI HI, AH, VH, PALE ID  
 "still be fighting the devil -  
 ⊕ RACING THOUGHTS, DISTRACTED, SLEEP

MOOD SWINGS, POOR JUDGMENT  
 "laughs at me" - I'm delirious & paranoid  
 P 40

⊕ DEPRESSION "8" on 0-10.

PSYCH MEDS- Depakote 1500mg QHS  
 Risperdal 2mg QHS  
 Risperdal 15mg QHS

"I read Bible - it calms me down"

"dabbel" - I'm wanting same down

COMPLIANCE- ⊕ Comply DAILY

Medi- Depakote 1500mg QHS  
 Risperdal 2mg QHS  
 Risperdal 15mg QHS

SIDE EFFECTS- None

MEDICATION ALLERGIES- NKDA

Blood tests ordered: VPA, LFTs, CBC, lipid, lipids, HbA1c

MEDICAL PROBLEMS- None now

BLOOD TEST RESULTS-

10-13-15 N/A AST LDL VPA PLTCT  
me me 10.5 me

MENTAL STATUS EXAM (OBJECTIVE)-

Objec, no manic, depression, AH,  
 VH, delusions. No SI/HI. If fair - If

AXIS I Bipolar disorder

II depressed

III none now

IV incarceration

V 78

Told I'm paranoid

F/U 3 mos

Clinician Name (Print): DR. KELLY

Facility STATEVILLE

Signature: J. Kelly MD

Title: MD. PSYCHIATRIST







Bruce Rauner  
Governor



John Baldwin  
Acting Director

## The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

### **PSYCHOTROPIC MEDICATION INFORMATION**

#### **DIRECTIONS:**

Your psychiatric provider has prescribed medication used to treat your symptoms. Your medication should be taken according to the directions explained by your provider and if you find yourself not able to take your medications as prescribed, please discuss this with him or her.

#### **ADMINISTRATION:**

Psychotropic medication is administered by a nurse either at cell front or when a medication line is called. Under no circumstances should you ever save your psychotropic medication or give it to another offender. If you choose not to take your psychotropic medication, please tell the nurse that you are "refusing". The nurse will then document the refusal and inform your psychiatric provider.

#### **REFUSAL:**

If you refuse your psychotropic medications, you will be expected to sign a refusal form.

#### **TYPES OF MEDICATION:**

Your psychiatric provider is prescribing medication from different CLASSES of medication. These classes include: antidepressants, anxiolytics (anti-anxiety), mood stabilizers, antipsychotics and side-effect medications

#### **SIDE EFFECTS:**

Your psychiatric provider will talk with you about the possible side-effects that you may experience when taking your psychotropic medication. You will find a list of common side effects below. Please inform staff about any of the side-effects you experience from medication.

#### **ALTERNATIVE TREATMENTS:**

Your psychiatric provider will talk to you about treatment options which include psychotropic medications in addition to group and individual therapies that are available to you in IDOC based upon your symptoms and level of functioning.

### **CLASSES OF PSYCHOTROPIC MEDICATIONS**

- 1) **Antidepressants:** This class of medications is used to treat both anxiety and depression. Other conditions treated with this class include PTSD and obsessive-compulsive disorder.

- a. Prozac/Fluoxetine, Zoloft/sertraline, Paxil/paroxetine, Celexa/citalopram  
**SIDE EFFECTS MAY INCLUDE:** Insomnia, headache, sedation, restlessness, upset stomach, sexual dysfunction, withdrawal syndrome

- b. Remeron/mirtazapine  
**SIDE EFFECTS MAY INCLUDE:** Sedation, weight gain, and an increased appetite.

- c. Effexor/venlafaxine  
**SIDE EFFECTS MAY INCLUDE:** Insomnia, sedation, elevated BP, sexual dysfunction, headache, vivid dreams & withdrawal syndrome.

*Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.*



EX. 6

d. Desyrel/Trazodone

SIDE EFFECTS MAY INCLUDE: Dry mouth, morning dizziness, headache, nausea and prolonged painful penile erection.

2) **Mood Stabilizers:** This class of medication is primarily used to treat bipolar disorders but also may be used to treat mood swings and impulsivity.

a. Lithium

SIDE EFFECTS MAY INCLUDE: Thirst, stomach upset, tremor in hands, acne-like rash, swelling, sedation, thyroid condition. **REQUIRES REGULAR BLOOD TESTING.**

b. Depakote/valproate

SIDE EFFECTS MAY INCLUDE: Tremor, stomach upset, easy bruising, hair loss, weight gain and sedation. **REQUIRES REGULAR BLOOD TESTING.**

c. Carbamazepine

SIDE EFFECTS MAY INCLUDE: Sedation, reduced WBC clumsiness, Rash. **REQUIRES REGULAR BLOOD TESTING**

d. Lamictal/lamotrigine

SIDE EFFECTS MAY INCLUDE: Rash, Sedation, and Insomnia.

**IF RASH DEVELOPS \*STOP MEDICATION\* AND NOTIFY STAFF IMMEDIATELY!**

3) **Neuroleptics (typical and atypical:** This class of medication is used to treat hallucinations (hearing or seeing things) and delusions. The atypical neuroleptics may also be used for bipolar disorder alone or in combination with other medications.

a. **Typical neuroleptics** (Haldol/haloperidol, Prolixin/fluphenazine, Trilafon/perphenazine, Stelazine/trifluoperazine, Loxitane/loxapine, Navane/thiothixene  
SIDE EFFECTS MAY INCLUDE: sedation, restlessness, dry mouth, muscle stiffness, tremor, abnormal muscular movements, sexual dysfunction, irregular menstrual periods, and heart irregularities. Your provider will screen regularly for abnormal muscle movements.

b. **Atypical neuroleptics** (Zyprexa/olanzapine, Clozaril/clozapine, Geodon/ziprasidone, Risperdal/risperidone

SIDE EFFECTS MAY INCLUDE: sedation, restlessness, dry mouth, muscle stiffness, tremor, abnormal muscular movements, sexual dysfunction, irregular menstrual periods, elevated lipids, elevated blood sugar, heart irregularities. Your provider will screen regularly for abnormal muscle movements. **REQUIRES REGULAR BLOOD TESTING**

4) **Antidyskinetics:** This class of medication is used to treat the side effects of shaking or tremors from neuroleptics.

Cogentin/benzotropine, Benadryl/diphenhydramine

SIDE EFFECTS MAY INCLUDE: dry mouth, constipation, blurred vision, sedation, urinary retention.

5) **Anxiolytics:** This class of medication is used to treat anxiety. It may take up to a month to be effective. Buspar/buspirone SIDE-EFFECTS MAY INCLUDE: sedation, headache, weakness, GI upset

6) **Other Medications/Side-Effects**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Illinois Department of Corrections

## Psychiatric Progress Note

Date: 3.8.17Facility Stateville Correctional Center

## Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68

Explain:

Aggressive Behavior Risk:

Explain:

10. Historical Reliability: Reliable ☒ Fairly reliable ☐ Unreliable ☐ Other ☐

## 11. Narrative Summary and Diagnostic Impressions

(Provide evidence to support diagnosis and any relevant social concerns that contribute to the overall clinical picture. Include current risk assessment, including suicidal/homicidal thinking/plans, impulse control, insight, judgment, historical reliability, reason for diagnostic change or psychotropic medication changes or dosage change.)

48 y/o AA Male. Seen for MH Hx. Good history denies s/p Hx of drugs. I'm concerned @ needs making him have stop muscles (side effect of risperidone)

Based upon today's evaluation:

Since last visit, offender's psychiatric symptoms have: Improved ☐ Remained same ☐ Worsened ☐

## 12. DSM Psychiatric Diagnosis

Schizophrenic

Modified Global Assessment \_\_\_\_\_ to \_\_\_\_\_

Based upon diagnosis, Modified GAF and need for supportive services, Offender is designated SMI? Yes ☐ No ☐

## 13. Psychiatric Plan

☐ AIMS completed today ☐ AIMS to be done by RN (if available)☐ Labs ☐ CMP ☐ BMP ☐ CBC+Plts ☐ Thyroid Profile ☐ Lithium ☐ Carbamazepine☐ VPA ☐ Lipid Profile ☐ A1C ☐ EKG ☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_☐ Needs medical referral for: \_\_\_\_\_☐ Abdominal circumference: \_\_\_\_\_ ☐ BMI \_\_\_\_\_ ☐ BP/P \_\_\_\_\_☐ Needs MHP referral for: ☐ Sleep hygiene ☐ Anger management ☐ Trauma history ☐ Psychometric testing☐ Other: (Complete DOC 0387) \_\_\_\_\_



Illinois Department of Corrections

## Psychiatric Progress Note

Date: 3-8-17

Facility

Stateville Correctional Center

## Offender Name:

Last, First, M.I. GULLEY, LOUISID Number: B18477D.O.B.: 7/30/68

☐ Directly observed therapy with thorough mouth checks due to HX of: \_\_\_\_\_

☐ Crush/float all Psychotropics due to ☐ Hx of non-compliance ☐ Hx of hoarding medications

☐ Other: \_\_\_\_\_

☒ Offender has been given a copy of the Psychotropic Medication Information brochure.

☒ I have verbally reviewed any medication changes, side-effects, risks and benefits of treatment or refusing treatment with the offender.

☐ Offender's psychiatric condition is considered chronic and he/she has been psychiatrically stable on the same psychotropic medication(s) at the same dose and has not been on crisis watch for the past 60 days.

☐ MTP modified today as a result of: ☐ Diagnosis change/addition ☐ Psychiatric decompensation

☐ Psychotropic medication dosage/usage: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Recommended Disposition (Level of Care): ☒ Continue ☐ Refer to: ☐ Transfer to:

☒ Outpatient Level of Care ☐ Residential Treatment Unit ☐ Inpatient ☐ Crisis

Resultant Visit Type: ☒ Unchanged from Scheduled Visit Type ☐ Changed from Scheduled Visit Type

If Resultant Visit Type has changed from Scheduled Visit Type, explain the reason for the change:

## 14. MEDICATION ORDERS

	Medication	Dosage	Instructions
<input type="checkbox"/> Continue	<u>Risperdal</u>	<u>2mg</u>	<u>HS</u>
<input checked="" type="checkbox"/> Discontinue	<u>Depakote</u>	<u>1500mg</u>	<u>HS</u>
<input type="checkbox"/> Start			
	Script/order		Use Stock
	<input checked="" type="checkbox"/> Written		<input type="checkbox"/> Yes
	<input type="checkbox"/> T.O./Verbal or faxed to:		<input type="checkbox"/> No

Next Appointment Date: 1moEnd Time: 12:58 AM

## Evaluation completed by:

L. NATHAN NH NP 3-8-17 [Signature]

Print Name Title Date Signature



Miss Gullety B-18477  
Box-112 Stateville C.C.,  
Jail, Illinois  
60434

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CLERK, U.S. DISTRICT COURT

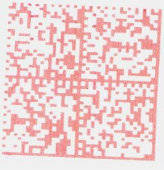
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Magistrate Judge Daniel G. Martin  
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